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TITLE: The PTSD Practitioner Registry: An Innovative Tracking, Dissemination, and Support Tool for Providers in Military and Nonmilitary settings

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14. ABSTRACT
The PTSD Practitioner Exchange is an innovative research project for clinicians in three service sectors—the VA, DoD, and the community—which aims to disseminate the most recent clinically relevant information and resources supporting delivery of key practices endorsed in the VA-DoD Clinical Practice Guideline for the Management of PTSD; to support clinician well-being; and to identify factors enabling the implementation of clinical best practices in the treatment of PTSD. In order to provide this Exchange a two-phase study will be conducted. In Phase I, qualitative interviews were conducted with 53 providers to assess practitioner needs and interests in the registry as well as pre-test the proposed registry survey. In Phase II, an RCT is being conducted to evaluate the impact of registry participation on practices/CPG awareness, receptivity and implementation. To date, the study team has completed the first phase of qualitative interviews and has randomized 605 clinicians into the RCT. Follow-up is ongoing and will be completed in Q1 2018. The Phase II qualitative interviews have commenced with 20 interviews completed out of 60.

15. SUBJECT TERMS
PTSD, qualitative interviews, survey development, best practices, CPGs

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1. INTRODUCTION:

The delivery of best practice care for PTSD and other combat-related disorders is a compelling priority for clinicians working with active-duty Warriors and Veterans with Post Traumatic Stress Disorder (PTSD). The PTSD Practitioner Exchange is an innovative research project for clinicians in three service sectors—the VA, DoD, and the community—which aims to disseminate the most recent clinically relevant information and resources supporting delivery of key practices endorsed in the VA-DoD Clinical Practice Guideline for the Management of PTSD; to support clinician well-being; and to identify factors enabling the implementation of clinical best practices in the treatment of PTSD. This clinician-informed online survey and portal will connect providers with a wide array of resources and serve as a support mechanism for clinicians with the goal of increasing their knowledge of and receptivity to best practices, and ultimately improving the quality of care for Warriors and Veterans with PTSD as well as their families. It will also provide a way of monitoring the levels of burnout among PTSD treatment providers, assessing perceptions of the local organizational climates for implementing practices, and tracking awareness and implementation of key practices within the Clinical Practice Guideline. Following completion of the RCT, a subset (N=60) of RCT completers will be asked to participate in cognitive debriefing interviews. Participants will be asked to comment on specific aspects of the registry that were most beneficial in overcoming barriers and implementing EBP's in everyday clinical practice, and on those aspects, that were least useful or clinically relevant. Impact on practice-related stress and burnout will also be discussed. GOAL: If successful, we plan to maintain and expand the PTSD Practitioner Registry as a novel mechanism for research and training of mental health practitioners across multiple practice settings.

2. KEYWORDS:

PTSD, trauma, Clinical Practice Guidelines (CPGs), best practices, qualitative interview, survey development

3. ACCOMPLISHMENTS:

What were the major goals of the project?

Goals up to October 2017 (all research sites contributed to completing all SOW tasks, which are listed below):

1) Obtain IRB approval from Stanford University; NERI; DoD; and VA Palo Alto Healthcare System (10/14-3/15) 100% complete on 06Jul2015: In order to streamline the study in the long-term, DoD requested an IRB deferral to Stanford IRB. This additional process shifted the timeline for Year 1 major tasks. Following this initial delay, all tasks have proceeded as anticipated and the project is on target to be completed as expected in Years 2-4.
2) Develop and pre-test interview modules (10/14-11/14) 100% complete on 03/15
3) Recruit providers for interview assessments (10/14-03/15)100% complete as of 05Nov2015
4) Conduct provider interview assessments, n=60 (03/15-06/15) 100% complete on 05Nov2015. A total of 54 interviews were conducted.
5) Code, QC, and analyze interviews (03/15-06/15): 100% complete as of 27May2016
6) Prepare final descriptive report of needs assessment interviews (06/15-07/15): 100% complete as of 27May2016
7) Develop initial registry format (10/14-11/14) 100% completed Jun2015.
8) VHA web host programmers provide specifications and guidance to web programmers and database programmers (10/14-11/14) 100% completed on 5Feb2015
9) Develop on-line materials to assess the feasibility and usability of the registry (5/15-6/15) 100% completed on 25Aug2015
10) Completion of on-line questions and pre-testing of PTSD Provider Survey (7/15-8/15) 100% completed in 08/15
11) Develop provider recruitment materials (7/15-11/15) 100% complete on 26Oct2015
12) Define and provide nonmonetary incentives for regular use of the registry (7/15-11/15) 100% complete on 26Feb2016. The team has determined how we can provide clinicians with resources that will allow clinicians in all sectors to receive CEUs, in addition to integrating badging, interactive resources, and feedback mechanisms into the site, all of which we believe will be incentives for return site use.
13) Program automatic e-mail reminders/interaction with providers (7/15-11/15) Content 100% complete on 28Mar2016. Email reminders have been finalized and will be sent out by VA study staff.
14) Finalize all provider content (9/15 – 11/15) 100% complete on 26Feb2016
15) Finalize all modifications to registry design (11/15): 100% complete on 25Apr2016. The registry website went live on 25Apr2016.

16) Program and test randomization system for RCT (3/16): 100% completed on 28Mar2016
17) Program Active Registry surveys (PTSD Provider Survey) and materials (9/15-11/15): 100% completed on 30Mar2016
18) Program Baseline Assessment Measures (9/15 – 11/15): 100% completed on 28Mar2016
19) Develop message for Email Only Controls (9/15 – 11/15): 100% completed on 21Mar2016
20) Develop provider recruitment materials (7/15 – 11/15) 100% complete on 17Feb2016 Protocol, ICFs and recruitment materials were developed by the study team for Phase II.
21) Recruit, screen and collect data on N = 600 providers in the RCT (11/15 – 11/17): Recruitment started 05Apr2016, 100% complete as of February 2017
22) Monitor participation rates; data collection and data quality (11/15 – 2/18): Task started on 05Apr2016 and will be completed in March 2018.
23) Create and provide feedback materials and reports to registry participants (5/16 – 2/18): Task started after randomization of first wave of participants to complete. Participants in both groups receive regular email notifications, with the active group getting bi-weekly email notifications regarding features of the website plus a bi-monthly newsletter and the control group receiving only the bi-monthly newsletter. This is an ongoing task across the lifespan of the study.
24) Create interim and final analytic data sets: In June 2017, Data has been downloaded for all randomized participants at baseline. The data will be analyzed based on current needs and upcoming presentations.
25) Cognitive debriefing of n=60 RCT Active Registry participants and n=20 Email Only Registry participants: In October 2016, it was determined by the project team that participants assigned to the active registry only would be asked to participant in cognitive debriefing interviews. The Phase II interviews are intended to evaluate the effectiveness and user receptivity of the website materials, therefore the email only participants that received the NCPTSD Trauma Update Newsletter would not be able to provide such feedback. Also, due to the time and resources needed to complete 60 interviews in Phase I the study team concluded that the 60 RCT Active Registry participants would provide the necessary information to update the website for long term use. As of September 30th, 20 of interviews have been completed.

What was accomplished under these goals?

For this reporting period describe: 1) major activities; 2) specific objectives; 3) significant results or key outcomes, including major findings, developments, or conclusions (both positive and negative); and/or 4) other achievements. Include a discussion of stated goals not met. Description shall include pertinent data and graphs in sufficient detail to explain any significant results achieved. A succinct description of the methodology used shall be provided. As the project progresses to completion, the emphasis in reporting in this section should shift from reporting activities to reporting accomplishments.

IRB Approval:

- Stanford received IRB approval for v.2.1 of the protocol and Phase II regulatory documents (19Feb2016)
- NERI received IRB approval for v.2.1 of the protocol and Phase II regulatory documents (24Feb2016)
- WRAIR received commander approval for v.2.1 of the protocol and Phase II regulatory documents (21Mar2016)
- HRPO approval was provided for Stanford, NERI and WRAIR (25Feb2016, 04Mar2016, 04Mar2016)
- Stanford received IRB approval for v. 2.2 of the protocol and recruitment flyer (26Jul2016)
- NERI received IRB approval for v. 2.2 of the protocol and recruitment flyer (29Jul2016)
- WRAIR received commander approval for v. 2.2 of the protocol and recruitment flyer (15Aug2016)
- Stanford received IRB approval for v. 2.3 of the protocol and participant packets (28Mar2017)
- NERI received IRB approval for v. 2.3 of the protocol and participant packets (06Apr2017)
- WRAIR received commander approval for v. 2.3 of the protocol and participant packets (25Apr2017)
- HRPO continuing review approval was provided for Stanford, NERI and WRAIR (27Apr2017,03Apr2017, 13Apr2017)

Qualitative Assessment:

- Qualitative Interviews were scheduled to begin this quarter but were delayed due to delays with obtaining the DoD deferral to Stanford IRB and then full HRPO IRB approval. Recruitment for qualitative interviews began on 07Jul2015.
- Qualitative interviews continue. A total of 54 interviews were completed as of November 2015. A total of 60 interviews were anticipated to be completed for Phase I; however, the DoD was informed by the Navy and Air Force that neither branch would be able to provide lists for this phase of the project; Both branches confirmed support for the second phase of the project and will be able to provide lists for Phase II. Because the qualitative interviews to date have achieved information "saturation", which is the intention of qualitative interviews, it was decided that no further qualitative interviews will be necessary beyond the current targeted n=54.
- Qualitative discussion guide was created for Phase II.
- Phase II qualitative interviews began on 23Aug2017. To date 20 interviews have been completed.

Survey development:

- Final survey content completed (15Dec2015)

Web development:

- Website go-live (25Apr2016)

Survey programming:

- Survey programmed into eCOS (28Mar2016)

Recruitment

- Initial recruitment email sent (05Apr2016)
- Recruitment completed N=605
- 6-month assessment data collection began 16Nov2016 and was completed on 13Sep2017. 334 (55.2%) participants completed the 6-month assessment.
- 12-month assessment data collection has begun (18May2017) – As of September 5th, 217 participants have completed the 12-month assessment out of 332 participants eligible to complete the assessment; giving a 65.4% retention rate based on those participants eligible to complete the 12-month assessment. One wave is currently within window to complete and 3 other waves have yet to start the 12-month assessment.

Additional Tasks:

- Recruitment Plan was finalized for Phase II
- Presentation at 2016 MHSRS (August 2016)
- Three presentations at 2017 MHSRS (August 2017)

What opportunities for training and professional development has the project provided?
If the project was not intended to provide training and professional development opportunities or there is nothing significant to report during this reporting period, state "Nothing to Report."

Describe opportunities for training and professional development provided to anyone who worked on the project or anyone who was involved in the activities supported by the project. "Training" activities are those in which individuals with advanced professional skills and experience assist others in attaining greater proficiency. Training activities may include, for example, courses or one-on-one work with a mentor. "Professional development" activities result in increased knowledge or skill in one's area of expertise and may include workshops, conferences, seminars, study groups, and individual study. Include participation in conferences, workshops, and seminars not listed under major activities.

- The study team developed a poster that was presented at the 2016 MHSRS conference.
- The study team developed 3 posters that were presented at the 2017 MHSRS conference. The poster titled "Providing Evidence-based Treatments for PTSD and the Risk of Secondary Traumatic Stress: Results from the PTSD Clinicians Exchange" received 2nd place in one of the two poster sessions.
- The study team has 3 abstracts approved for poster presentations at the 2017 ISTSS conference.

How were the results disseminated to communities of interest?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

The Advisory Board members are key members within the PTSD community from the three service sectors (VHA, DoD, and community). One of the key functions of the advisory board will be to assist with dissemination of key findings once the study has concluded. An advisory board meeting took place in October 2016 and the 2017 meeting took place on October 17th, 2017.

What do you plan to do during the next reporting period to accomplish the goals?
If this is the final report, state "Nothing to Report."

Describe briefly what you plan to do during the next reporting period to accomplish the goals and objectives.

During the next reporting period, we plan to accomplish the following:
- Continue collecting data from the 12-month assessment
- Present at the ISTSS conference in November 2017
- Recruit n=60 participants from the RCT phase to complete the Phase II qualitative assessments
- Meet with advisory board members

4. IMPACT: Describe distinctive contributions, major accomplishments, innovations, successes, or any change in practice or behavior that has come about as a result of the project relative to:

What was the impact on the development of the principal discipline(s) of the project?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

Describe how findings, results, techniques that were developed or extended, or other products from the project made an impact or are likely to make an impact on the base of knowledge, theory, and research in the principal disciplinary field(s) of the project. Summarize using language that an intelligent lay audience can understand (Scientific American style).

Nothing to report.

What was the impact on other disciplines?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

Describe how the findings, results, or techniques that were developed or improved, or other products from the project made an impact or are likely to make an impact on other disciplines.

Nothing to report.

What was the impact on technology transfer?

Describe ways in which the project made an impact, or is likely to make an impact, on commercial technology or public use, including:

- *transfer of results to entities in government or industry;*
- *instances where the research has led to the initiation of a start-up company; or*
- *adoption of new practices.*

Nothing to report.

What was the impact on society beyond science and technology?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

Describe how results from the project made an impact, or are likely to make an impact, beyond the bounds of science, engineering, and the academic world on areas such as:

- *improving public knowledge, attitudes, skills, and abilities;*
- *changing behavior, practices, decision making, policies (including regulatory policies), or social actions; or*
- *improving social, economic, civic, or environmental conditions.*

Nothing to report.

5. **CHANGES/PROBLEMS:** The Project Director/Principal Investigator (PD/PI) is reminded that the recipient organization is required to obtain prior written approval from the awarding agency Grants Officer whenever there are significant changes in the project or its direction. If not previously reported in writing, provide the following additional information or state, "Nothing to Report," if applicable:

Changes in approach and reasons for change
Describe any changes in approach during the reporting period and reasons for these changes. Remember that significant changes in objectives and scope require prior approval of the agency.

Nothing to report.

Actual or anticipated problems or delays and actions or plans to resolve them
Describe problems or delays encountered during the reporting period and actions or plans to resolve them.

No problems or delays were encountered during this reporting period.

Changes that had a significant impact on expenditures

Describe changes during the reporting period that may have had a significant impact on expenditures, for example, delays in hiring staff or favorable developments that enable meeting objectives at less cost than anticipated.

There have been no changes that had a significant impact on expenditures.

Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents
Describe significant deviations, unexpected outcomes, or changes in approved protocols for the use or care of human subjects, vertebrate animals, biohazards, and/or select agents during the reporting period. If required, were these changes approved by the applicable institution committee (or equivalent) and reported to the agency? Also specify the applicable Institutional Review Board/Institutional Animal Care and Use Committee approval dates.

Significant changes in use or care of human subjects

There have been no significant changes in use or care of human subjects.

Significant changes in use or care of vertebrate animals.

n/a

Significant changes in use of biohazards and/or select agents

n/a

6. PRODUCTS: List any products resulting from the project during the reporting period. If there is nothing to report under an item, state "Nothing to Report."

- **Publications, conference papers, and presentations**
  Report only the major publication(s) resulting from the work under this award.

  Journal publications. *List peer-reviewed articles or papers appearing in scientific, technical, or professional journals. Identify for each publication: Author(s); title; journal; volume: year; page numbers; status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

Nothing to report.

  Books or other non-periodical, one-time publications. *Report any book, monograph, dissertation, abstract, or the like published as or in a separate publication, rather than a periodical or series. Include any significant publication in the proceedings of a one-time conference or in the report of a one-time study, commission, or the like. Identify for each one-time publication: Author(s); title; editor; title of collection, if applicable; bibliographic information; year; type of publication (e.g., book, thesis or dissertation); status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

Nothing to report.

Other publications, conference papers, and presentations. *Identify any other publications, conference papers and/or presentations not reported above. Specify the status of the publication as noted above. List presentations made during the last year (international, national, local societies, military meetings, etc.). Use an asterisk (*) if presentation produced a manuscript.*

1. Wilkinson, A., Ortigo, K., Simon, E., Coleman, J.L., Clarke-Walper, K., Zincavage, R., Marceau, L., Wilk, J., Ruzek, J.I., Rosen, R.C. The PTSD Practitioner Registry: A Novel Tool for Dissemination and Training of Best Practices/Clinical Practice Guidelines for PTSD Providers. Poster presented at the Military Health System Research Symposium, Fort Lauderdale, FL, USA, Aug 15-17, 2016.
2. Coleman, J.L., Magnavita, A.M., Simon, E., Clarke-Walper, K., Penix, E., Zincavage, R., Marceau, L., Wilk, J., Ruzek, J.I., Rosen, R.C: PTSD Clinicians Exchange: Understanding Clinicians' Use of the Clinical Practice Guideline for the Management of PTSD and Best Practices in Three Service Sectors. Poster presented at the Military Health System Research Symposium, Fort Lauderdale, FL, USA, Aug 2017.
3. Simon, E., Ortigo, K., Regala, S., Clarke-Walper, K., Coleman, J.L., Magnavita, A.M., Zincavage, R., Dwyer, J., Marceau, L., Wilk, J., Rosen, R.C., Ruzek, J.I.: The PTSD Clinicians Exchange: Development of an Online Clinician-Centered Community of Practice Resource for Treatment of PTSD in Military Populations. Poster presented at the Military Health System Research Symposium, Fort Lauderdale, FL, USA, Aug 2017.
4. Penix, E., Clarke-Walper, K., Magnavita, A.M., Simon, E., Regala, S., Ortigo, K., Ruzek, J.I., Rosen, R.C., & Wilk, J.: Providing Evidence-based Treatments for PTSD and the Risk of Secondary Traumatic Stress: Results from the PTSD Clinicians Exchange. Poster presented at the Military Health System Research Symposium, Fort Lauderdale, FL, USA, Aug 2017.

- **Website(s) or other Internet site(s)**

List the URL for any Internet site(s) that disseminates the results of the research activities. A short description of each site should be provided. It is not necessary to include the publications already specified above in this section.

Website:
PTSD Clinicians Exchange: this website is currently password protected for the duration of the RCT

- **Technologies or techniques**

Identify technologies or techniques that resulted from the research activities. In addition to a description of the technologies or techniques, describe how they will be shared.

Nothing to report.

- **Inventions, patent applications, and/or licenses**
  Identify inventions, patent applications with date, and/or licenses that have resulted from the research. State whether an application is provisional or non-provisional and indicate the application number. Submission of this information as part of an interim research performance progress report is not a substitute for any other invention reporting required under the terms and conditions of an award.

  Nothing to report.

- **Other Products**
  Identify any other reportable outcomes that were developed under this project. Reportable outcomes are defined as a research result that is or relates to a product, scientific advance, or research tool that makes a meaningful contribution toward the understanding, prevention, diagnosis, prognosis, treatment, and/or rehabilitation of a disease, injury or condition, or to improve the quality of life. Examples include:
  - *data or databases;*
  - *biospecimen collections;*
  - *audio or video products;*
  - *software;*
  - *models;*
  - *educational aids or curricula;*
  - *instruments or equipment;*
  - *research material (e.g., Germplasm; cell lines, DNA probes, animal models);*
  - *clinical interventions;*
  - *new business creation; and*
  - *other.*

  Nothing to report.

7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

What individuals have worked on the project?
Provide the following information for: (1) PDs/PIs; and (2) each person who has worked at least one-person month per year on the project during the reporting period, regardless of the source of compensation (a person month equals approximately 160 hours of effort). If information is unchanged from a previous submission, provide the name only and indicate "no change."

Name: Josef Ruzek
Project Role: Principal Investigator
Nearest person month worked: 4
No change.

Name: Robyn Walser
Project Role: Co-Investigator
Nearest person month worked: 1
No change.

Name: Sara Landes
Project Role: Co-Investigator
Nearest person month worked: 1
No change.

Name: Benjamin Graham
Project Role: Co-Investigator
Nearest person month worked: 1
No change.

Name: Erica Simon
Project Role: Project Manager
Nearest person month worked: 9
No change.

Name: Kile Ortigo
Project Role: PTSD Resource Specialist
Nearest person month worked: 3
No change.

Name: Samantha Regala
Project Role: Administrative Research Assistant
Nearest person month worked: 8
No change

Effort listed for the PI/Senior Key Personnel reflects the approved effort. Effort for staff reflects actual effort worked during this reporting period.

Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

If the active support has changed for the PD/PI(s) or senior/key personnel, then describe what the change has been. Changes may occur, for example, if a previously active grant has closed and/or if a previously pending grant is now active. Annotate this information so it is clear what has changed from the previous submission. Submission of other support information is not necessary for pending changes or for changes in the level of effort for active support reported previously. The awarding agency may require prior written approval if a change in active other support significantly impacts the effort on the project that is the subject of the project report.

Nothing to report.

What other organizations were involved as partners?
If there is nothing significant to report during this reporting period, state "Nothing to Report."

Describe partner organizations – academic institutions, other nonprofits, industrial or commercial firms, state or local governments, schools or school systems, or other organizations (foreign or domestic) – that were involved with the project. Partner organizations may have provided financial or in-kind support, supplied facilities or equipment, collaborated in the research, exchanged personnel, or otherwise contributed.
Provide the following information for each partnership:
Organization Name:
Location of Organization: (if foreign location list country)
Partner's contribution to the project (identify one or more)

- *Financial support;*
- *In-kind support (e.g., partner makes software, computers, equipment, etc., available to project staff);*
- *Facilities (e.g., project staff use the partner's facilities for project activities);*
- *Collaboration (e.g., partner's staff work with project staff on the project);*
- *Personnel exchanges (e.g., project staff and/or partner's staff use each other's facilities, work at each other's site); and*
- *Other.*

Organization Name: New England Research Institutes
Location of Organization: Watertown, MA
Partner's contribution to the project: The NERI team is the co-awardee of the project. NERI and NCPTSD work collaboratively on all portions of the project.

Organization Name: Walter Reed Army Institute of Research (WRAIR)
Location of Organization: Silver Spring, MD
Partner's contribution to the project: The WRAIR team is also a part of the overall team and is involved in the scientific and programmatic functions of the project.

8. SPECIAL REPORTING REQUIREMENTS

COLLABORATIVE AWARDS: N/A

QUAD CHARTS: N/A

9. APPENDICES: N/A